

Receipt # \_\_\_\_\_

**2005  
TROY RECREATION DEPARTMENT'S**

**BATON LESSONS  
JUNE 6-JULY 11  
(No Classes on Monday, July 4)  
MONDAYS**

**(MUST FURNISH OWN BATON)**

**held at Lincoln Community Center**

\_\_\_\_\_Ages 10-14, 9:30-10:30 a.m.

\_\_\_\_\_Ages 7-9, 10:30-11:00 a.m.

\_\_\_\_\_Ages 5-6, 11:00-11:30 a.m.

Name \_\_\_\_\_ Male/Female

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street)

\_\_\_\_\_ Zip \_\_\_\_\_  
(city)

E-Mail Address \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency call \_\_\_\_\_ Phone \_\_\_\_\_  
(neighbor or relative)

**WAIVER AND RELEASE**

We, the undersigned being fully aware of the dangers inherent to the sport of Baton, do give permission for our son/daughter to participate in the above program. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, instructors, the supervisory staff, or their agents or servants, as a result of injuries incurred by our child while participating in this program.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(parent or legal guardian)

**REGISTRATION FEE: \$12.00** \_\_\_\_\_ **PAID**

**REFUND POLICY:** Department will make program refunds for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.